COVER PAGE FOR DATA COLLECTION

Licensed Direct Entry Midwife Name:_____

Licensed Direct Entry Midwife License Number:_____

Date of Submission:_____

Randomized number of form (to be completed by Board staff):_____

Maryland Data Collection For Licensed Direct-Entry Midwives ("DEMs")

Under Maryland law (Md. Code Ann., Health Occ. § 8-6C-10), licensed direct-entry midwives ("DEMs") must submit this annual report to the Direct-Entry Midwifery Advisory Committee (the "Committee") summarizing the outcomes of client care by **October 1st** of each calendar year. This report must include all data from July 1st of the previous calendar year through June 30th of the current calendar year. The data submitted in this form by individual DEMs will be kept confidential by the Committee and will be aggregated with the data from all reporting DEMs and submitted to the Board of Nursing (the "Board") and the Maryland Legislature. This data collected will assist the Board in making legislative recommendations to improve midwifery care in Maryland.

Do not include identifying information about clients[1] on this form. The report should contain de-identified data only.

DUPLICATE RECORDS: **Do not submit duplicate records for an individual client if the client was attended by more than one DEM.** If you practice in a partnership or group of DEMs, assign one designated DEM to each client who will submit the data for that individual. If the birth occurs at home or in a birth center, the same DEM who signs the birth certificate form must submit the data. A single case must not be reported twice if multiple DEMs attended the birth or gave care prenatally.

The designated DEM who submits the data for a birth is not claiming more or less legal responsibility for the birth than any other DEM who participated in care. **The purpose of this data is for quality assurance of midwifery care as a whole in Maryland, not to investigate individual DEMs or cases.**

INCLUDE DATA FOR ALL CLIENTS who received any care (prenatal, birth, postpartum) in the state of Maryland under a Maryland direct-entry midwifery license, regardless of whether any other part(s) of care (prenatal, birth, postpartum) took place in another state. If **all** care took place in another state, do not include data for that client.

EACH BLANK MUST BE FILLED IN WITH A NUMBER. If there is no data to report, put a zero.

Disclaimer: Your numbers in this data reporting form may not add up evenly due to several reasons that are not requirements to report. Some examples for this include births that take place out-of-state, miscarriages, and on-going pregnancies.

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[1] The term "client" in this document is equivalent to the term "patient" as used in Maryland statute, Md. Code Ann., Health Occ. § 8-6C-01(n).

1) The total number of clients served as primary caregiver at onset of care: _____

   Note: For purposes of completion of this Form, "Onset of Care" means any initial intake or care of a client during a pregnancy, regardless of when in the pregnancy, or the outcome of the pregnancy.

2) The number, by county, of live births attended as primary caregiver:

County	Number (put 0 if none)	County	Number (put 0 if none)	County	Number (put 0 if none)
Allegany		Charles		Prince George's	
Anne Arundel		Dorchester		Queen Anne's	
Baltimore City		Frederick		St. Mary's	
Baltimore County		Garrett		Somerset	
Calvert		Harford		Talbot	
Caroline		Howard		Washington	
Carroll		Kent		Wicomico	
Cecil		Montgomery		Worcester	

3) The number, by county, of fetal demise, infant deaths and pregnant/birthing client deaths attended as primary caregiver at the discovery of the demise or death:

County	Number (put 0 if none)	County	Number (put 0 if none)	County	Number (put 0 if none)
Allegany		Charles		Prince George's	
Anne Arundel		Dorchester		Queen Anne's	
Baltimore City		Frederick		St. Mary's	
Baltimore County		Garrett		Somerset	
Calvert		Harford		Talbot	
Caroline		Howard		Washington	
Carroll		Kent		Wicomico	
Cecil		Montgomery		Worcester	

4) The total number of clients whose primary care was transferred to another health care practitioner during the antepartum period: _____ (Put 0 if none.)

Note: For each transfer, please choose one (1) **primary** reason for transfer.

Code	Reason for transfer	Total number of transfers for this reason (put 0 if none)
301	Medical or mental health conditions *unrelated* to pregnancy	
302	Hypertension developed in pregnancy	
303	Blood coagulation disorders, including phlebitis	
304	Anemia	
305	Persistent vomiting with dehydration	
306	Nutritional and weight loss issues, failure to gain weight	
307	Gestational diabetes	
308	Vaginal bleeding	
309	Suspected or known placental anomalies or implantation abnormalities	
310	Loss of pregnancy (includes spontaneous and elective abortion) *when a transfer took place*	
311	HIV test positive	
312	Suspected intrauterine growth restriction, suspected macrosomia	
313	Fetal anomalies	
314	Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios	
315	Fetal heart irregularities	
316	Non vertex lie at term	
317	Multiple gestation	
318	Clinical judgement of the midwife (when a single other condition above does not apply)	
319	Client choice/non-medical [client moved, cost/insurance problem, client wanted another provider, midwife-initiated other than due to complications, client chose unassisted birth, midwife provided prenatal care for planned hospital birth, no reason given by client, etc.]	
320	Other (please specify)	

5) Total number of nonemergency hospital transfers during the intrapartum or postpartum period: _____ (Put 0 if none.)

Note: For each transfer, please choose one (1) **primary** reason for transfer.

A. For each intrapartum or postpartum nonemergency transfer, list the reason for transfer and outcome of birth, using the lists below in 5-B, C, D, E and F. Use the extra space at the end of this form, or attach more pages as needed.

Transfer	Reason for transfer-*Use correct code from 5-B, C or E*	Outcome for pregnant/birthing client, if available-*Use correct code from 5-D*	Outcome for infant, if available-*Use correct code from 5-F*
1			
2			
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8			

B. Reasons for intrapartum elective or nonemergency transfers:

Code	Reason for elective or non-emergency intrapartum transfer
501	Persistent hypertension, severe or persistent headache
502	Active herpes lesion
503	Abnormal bleeding
504	Signs of infection
505	Prolonged rupture of membranes
506	Lack of progress, client exhaustion, dehydration
507	Thick meconium in the absence of fetal distress
508	Non-vertex presentation
509	Unstable lie or malposition of the vertex
510	Multiple gestation
511	Clinical judgement of the midwife (when a single other condition above does not apply)
512	Client request; request for methods of pain relief
513	Other

C. Reasons for postpartum pregnant/birthing client elective or non-emergency transfers:

Code	Reason for immediate postpartum elective or non-emergency pregnant/birthing client transfer
701	Retained placenta without significant bleeding
702	Repair of laceration beyond midwife's expertise
703	Postpartum depression
704	Social, emotional, or physical conditions outside of scope of practice
705	Signs of infection
706	Clinical judgement of the midwife (when a single other condition above does not apply)
707	Client request
708	Other

D. Outcomes for pregnant/birthing client:

Code	Outcome for pregnant/birthing client
101	Healthy client, no serious pregnancy/birth related medical complications
102	With serious pregnancy/birth related medical complications resolved by 6 weeks
103	With serious pregnancy/birth related medical complications not resolved by 6 weeks
104	Death of client
105	Unknown
106	Information not obtainable
107	Other

E. Reasons for nonemergency infant transfers:

Code	Reason for immediate postpartum infant elective or non-emergency transfer
901	Low birth weight
902	Congenital anomalies
903	Birth injury
904	Poor transition to extrauterine life
905	Insufficient passage of urine or meconium
906	Parental request
907	Clinical judgement of the midwife (when a single other condition above does not apply)
908	Other

F. Outcomes for infant:

Code	Outcome for infant
201	Healthy live born infant
202	With serious pregnancy/birth related medical complications resolved by 4 weeks
203	With serious pregnancy/birth related medical complications not resolved by 4 weeks
204	Fetal demise diagnosed prior to labor
205	Fetal demise diagnosed during labor or at delivery
206	Live born infant who subsequently died
207	Unknown
208	Information not obtainable
209	Other

6. Total number of urgent or emergency transport of an expectant client in the antepartum period:_____ (Put 0 if none.)

Note: For each transfer, please choose one (1) **primary** reason for transfer.

A. For each urgent or emergency transfer, list the reason for transfer and outcome of birth, using the lists below in 6-B, C and D. Use the extra space at the end of this form, or attach more pages as needed.

Transfer	Reason for transfer-*Use correct code from 6-B*	Outcome for pregnant/birthing client, if available-*Use correct code from 6-C*	Outcome for infant, if available-*Use correct code from 6-D*
1			
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B. Reasons for urgent or emergency transport in the antepartum period:

Code	Reason for urgent or emergency antepartum transfer
401	Non pregnancy-related medical condition
402	Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia
403	Isoimmunization, severe anemia, or other blood related issues
404	Significant infection
405	Significant vaginal bleeding
406	Preterm labor or preterm rupture of membranes
407	Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST)
408	Fetal demise
409	Clinical judgement of the midwife (when a single other condition above does not apply)
410	Other

C. Outcomes for pregnant/birthing client:

Code	Outcome for pregnant/birthing client
101	Healthy client, no serious pregnancy/birth related medical complications
102	With serious pregnancy/birth related medical complications resolved by 6 weeks
103	With serious pregnancy/birth related medical complications not resolved by 6 weeks
104	Death of client
105	Unknown
106	Information not obtainable
107	Other

D. Outcomes for infant:

Code	Outcome for infant
201	Healthy live born infant
202	With serious pregnancy/birth related medical complications resolved by 4 weeks
203	With serious pregnancy/birth related medical complications not resolved by 4 weeks
204	Fetal demise diagnosed prior to labor
205	Fetal demise diagnosed during labor or at delivery
206	Live born infant who subsequently died
207	Unknown
208	Information not obtainable
209	Other

7. Total number of urgent or emergency transport of an infant or pregnant/birthing client during the intrapartum or immediate postpartum period:_____ (Put 0 if none.)

   Note: For each transfer, please choose one (1) **primary** reason for transfer.

   A. List the reason for each urgent or emergency intrapartum or immediate postpartum transfer and the outcome of the birth, using the lists below in 7-B, C, D, E and F. Use the extra space at the end of this form, or attach more pages as needed.

Transfer	Reason for transfer-*Use correct code from 7-B, C or D.*	Outcome for pregnant/birthing client, if available- *Use correct code from 7-E*	Outcome for infant, if available- *Use correct code from 7-F*
1			
2			
3			
4			
5			
6			
7			
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B. Reasons for urgent or emergency intrapartum transfers:

Code	Reason for urgent or emergency intrapartum transfer
601	Suspected preeclampsia, eclampsia, seizures
602	Significant vaginal bleeding; suspected placental abruption; severe abdominal pain inconsistent with normal labor
603	Suspected uterine rupture
604	Client shock, loss of consciousness
605	Prolapsed umbilical cord
606	Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress
607	Clinical judgement of the midwife (when a single other condition above does not apply)
608	Other life threatening conditions or symptoms
609	Multiple gestation (BIRTH IS IMMINENT OR AT LEAST ONE BABY HAS BEEN DELIVERED OUT-OF-HOSPITAL)

C. Reasons for immediate postpartum pregnant/birthing client urgent or emergency transfers:

Code	Reason for urgent or emergency pregnant/birthing client postpartum transfer
801	Abnormal or unstable vital signs
802	Uterine inversion, rupture or prolapse
803	Uncontrolled hemorrhage
804	Seizures or unconsciousness, shock
805	Adherent or retained placenta with significant bleeding
806	Suspected postpartum psychosis
807	Signs of significant infection
808	Clinical judgment of the midwife (when a single other condition above does not apply)
809	Other

D. Reasons for urgent or emergency infant transfers:

Code	Reason for immediate postpartum infant urgent or emergency transfer
351	Abnormal vital signs or color, poor tone, lethargy, no interest in nursing
352	Signs or symptoms of infection
353	Abnormal cry, seizures, or loss of consciousness
354	Significant jaundice at birth or within 30 hours
355	Evidence of clinically significant prematurity
356	Congenital anomalies
357	Birth injury
358	Significant dehydration or depression of fontanelles
359	Significant cardiac or respiratory issues
360	APGAR of less than seven at 5 minutes
361	Abnormal bulging of fontanelles
362	Clinical judgment of the midwife (when a single other condition above does not apply)
363	Other

E. Outcomes for pregnant/birthing client:

Code	Outcome for pregnant/birthing client
101	Healthy client, no serious pregnancy/birth related medical complications
102	With serious pregnancy/birth related medical complications resolved by 6 weeks
103	With serious pregnancy/birth related medical complications not resolved by 6 weeks
104	Death of client
105	Unknown
106	Information not obtainable
107	Other

F. Outcomes for infant:

Code	Outcome for infant
201	Healthy live born infant
202	With serious pregnancy/birth related medical complications resolved by 4 weeks
203	With serious pregnancy/birth related medical complications not resolved by 4 weeks
204	Fetal demise diagnosed prior to labor
205	Fetal demise diagnosed during labor or at delivery
206	Live born infant who subsequently died
207	Unknown
208	Information not obtainable
209	Other

8. Total number of planned out-of-hospital births:
   A. At the onset of labor: _____
   B. Completed in an out-of-hospital setting:_____
   C. Number of clients who have not yet given birth as of June 30th:_____

9. Provide a brief description of any complications resulting in the morbidity or mortality of a client or neonate: (Any outcomes marked as 104, 204, 205, and 206 throughout the entire form)

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